



Affidavit Form

Name on Current License: _____
Ohio License Number: _____
Branch of Practice: _____
Current Mailing Address: _____

Email Address: _____

Check Box if New Information

I, _____, am requesting a: *(Check each that apply)*
(Name of Licensee/Affiant)

- Name Change - No Fee (include a copy of legal name change document) and/or
- Wall Certificate – Due to Replacement or Name Change – Fee \$35*

For the following reason (i.e., lost, stolen, damaged, name change, etc.): _____

NAME AS IT SHOULD APPEAR ON YOUR LICENSE CERTIFICATE:

LAST	FIRST	MIDDLE	SUFFIX (JR/SR)
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Affiant further states that the statement herein contained is strictly true in every respect; that he/she is the person named in the original license certificate and was the lawful possessor of the original license certificate; and that if his/her certificate has been lost and is later found, he/she will return the original certificate to the State Medical Board of Ohio at 30 E. Broad Street, Columbus, Ohio 43215-6127, ATTN: Records Department.

I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.

Signature	Date
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STATE OF _____
COUNTY OF _____

I, the undersigned Notary Public, do hereby affirm that _____, personally appeared before me on the ___ day of _____ 20 ___, and signed and sworn the above Affidavit of free act and deed.

Notary Signature
Printed Name and Commission Expiration/ Stamp

(NOTARY SEAL)

**Fees are payable to the Ohio Treasurer by check or money order only. Please return this completed form, applicable fee and documentation to the Records Department at the address on this letterhead*